

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011003

FILED
Mar 27, 2009
Secretary of State

Entity Name: LATINOAMERICAN ACTION COMMITTEE INC.

Current Principal Place of Business:

205 S MAIN AVE.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

245 VIENNA AVE.
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 20-5754370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, FELIPE MR.
245 VIENNA AVE.
LAKE PLACID, FL 333852 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: PEREZ, FELIPE PRES.
Address: 245 VIENNA AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: MRS. () Delete
Name: RIVERA, TAVITA SEC.
Address: 227 TULIP DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: MR. () Delete
Name: RODRIGUEZ, EUGENIO TRE.
Address: 248 BLUEMOON AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: MRS. () Delete
Name: SANABRIA-COLON, FELICITA DIR.
Address: 245 VIENNA AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: MRS. () Delete
Name: PEREZ, MARIA OFF.
Address: DARDANELLA 100
City-St-Zip: LAKE PLACID, FL 333852

Title: MR. () Delete
Name: PEREZ, DANIEL OFF.
Address: 227 TULIP DRIVE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANABRIA-COLON FELICITA

DIR.

03/27/2009

Electronic Signature of Signing Officer or Director

Date